

# Synergy

# REALITY



## "Let's Talk About SEX Baby"



One of the critical choices many teenagers face today is "to do it or not to do it". Pressure comes from television, radio, and peers to "just do it." Other messages may come from parents, teachers, and other adults to "just say no." Some teens may believe having sex is an achievement of adulthood status, while others may view sex as a game in which the winner is the one who "scores" the most. Whatever the reasons, the fact is that many

youth in the United States are engaging in sexual activity that poses significant risks to their physical and emotional health.

The increasing incidence of pregnancy and sexually transmitted diseases among teenagers are considered major social and public health problems in our society. Poverty, poor educational attainment, lack of access to prenatal and other medical care are barriers that persist for adolescent parents. These issues combined with the fact that there is currently no cure for AIDS, indicates that sex has become a life or death choice for teens.

Consider these statistics: the Centers for Disease Control report that 54% of all high school students in the United States are sexually active; 6.8% of ninth grade girls and 18.9% of ninth grade boys have had sex with four or more partners; and, the number of young people ages 13-24 infected with AIDS has increased over 60% in the past three years.<sup>1</sup> Are we knocking on your door yet?

### Teen Pregnancy - Droppin' Some Knowledge

- ◆ More than one million teenagers become pregnant each year in the United States.
- ◆ Three fourth of all unintended pregnancies occur to teens who do not use contraception.<sup>2</sup>
- ◆ The neonatal mortality rate is 1.5 times higher among teen mothers than mothers over the age of 20.<sup>3</sup>
- ◆ Over half of the AFDC payments in the U.S. supports families started when the mothers were teenagers.
- ◆ Teen parents are more likely to drop out of school, and sexually active teens are also more apt to be involved in delinquent behaviors.<sup>4</sup>

### Teen Pregnancy in the District of Columbia

- ◆ Between 1986 and 1990 adolescent childbearing was on the rise in the District of Columbia where the rates rose from 17.8% in 1986 to 19.3% in 1989 for the 15-19 year old age group.<sup>5</sup>
- ◆ D.C. experienced a drop in its pregnancy rate in 1992. The largest decrease was to women in the 15-19 age group; this group experienced a 21% decline from the previous year.

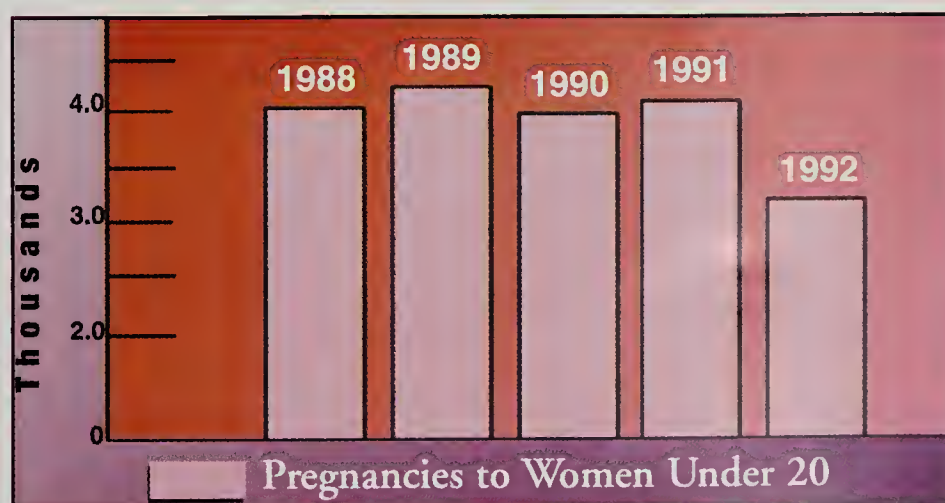
### Sexually Transmitted Diseases and HIV

- ◆ Every year 2.5 million teens are infected with a sexually transmitted disease in the U.S.<sup>6</sup>
- ◆ In 1993, teens under the age of 20 accounted for 30% of all reported gonorrhea and 9% of syphilis cases in the District. In both categories higher incidences of disease occurred among young women; these figures were 54% and 73% respectively.
- ◆ More than 20% of AIDS patients are in their twenties. Because HIV has a long incubation period, it is highly probable that many of these young adults became infected with the HIV virus as adolescents.
- ◆ 4% of the total AIDS cases in D.C. were to teens under the age of 20. The D.C. Office of HIV/AIDS surveillance estimates that 1 in 45 adolescents in the District of Columbia is positive for the HIV virus.

### Substance Abuse and Its Relationship to Sex

- ◆ More than 4.5 million teens have experimented with an illicit drug.<sup>7</sup>
- ◆ The use of illicit drugs greatly impairs an individual's decision-making skills and inhibits an individual's ability to practice safer sex or use contraception.
- ◆ One study reports that among sexually active teens who use drugs, 25% used condoms less after drug use.<sup>8</sup>

### D.C. ADOLESCENT PREGNANCIES <sup>10</sup>



## How Can A Positive Change Be Made?

There are numerous programs that seek to find solutions to the problems associated with risky adolescent sexual behavior. It is clear that slogans are not enough to manage or have a significant impact on the emerging social trends resulting from adolescent sexual behavior. A 1994 study indicates that 64% of teens surveyed think teaching "JUST SAY NO" is an ineffective deterrent to sex.<sup>9</sup> Prevention programs must provide teens with alternative life enhancing and preserving attitudes and behaviors such as: promoting educational achievement; encouraging recreational activities; and providing long term economic development.

### ELEMENTS OF SUCCESSFUL PREVENTION PROGRAMS

#### INTERVENE EARLY

Many studies show that adolescents are becoming sexually active at an early age. Some experts suggest that sexuality education and intervention, to prevent onset of sexual activity, should begin in the elementary grade levels.

#### SET GOALS THAT ARE SPECIFIC AND CLEAR

Programs should be designed with specific objectives and clearly attainable goals. Every activity should be clearly linked with the achievement of the program's specific objectives.

#### BE COMPREHENSIVE

Research has shown that successful programs which reduce risky adolescent sexual behavior have several components that are combined to promote the desired behavior change. Usually they involve a combination of health education, decision-making, and alternatives or options that provide motivation to make the behavior change.

#### INVOLVE PARENTAL AND PEER SUPPORT

For many teenagers the biggest influence on their decision-making processes come from their peers. Not all peer pressure is negative. Prevention programs should involve activities that reinforce good decision making skills and positive peer pressure. Efforts should also be made to involve parents in any prevention program. Parents are often the first and best sexuality educators of their kids.

#### SOLICIT ADVICE FROM YOUTH

Youth should always be involved in the design, implementation, and/or evaluation of prevention programs that are targeted to adolescents.

\*The aforementioned strategies are adapted from Miller et al, "Preventing Adolescent Pregnancy", 1992, Sage Publications; and Center for Population Options, "Adolescent Pregnancy: A Summary of Prevention Strategies", March 1993.

## Information and/or Technical Assistance Resources

- Alan Guttmacher Institute  
Phone #(202) 296-4012
- Center for Population Options  
Phone #(202) 347-5700
- Children's Defense Fund  
Phone #(202) 628-8782
- DC Office of Maternal and Child Health  
Phone #(202) 673-4551
- Planned Parenthood of Metro. Washington, D.C.  
Phone #(202) 347-8500
- Synergy Adolescent Health Project  
Phone #(202) 541-3838

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### Notes

- 1) Lee, Kendra, "To Condom or Not to Condom", YSB, April 1993.
- 2) Center for Population Options, "Adolescent Sexuality, Pregnancy and Parenthood", May 1990.
- 3) Office of Minority Health, "Closing the Gap", 1990.
- 4) White & De Blaissie, "Adolescent Sexual Behavior", Adolescence, Spring 1992.
- 5) Thomas, Pierre, "Teen Pregnancy Rate Increasing Steadily in Area", Washington Post, June 27, 1991.
- 6) Center for Population Options, "Adolescents and Sexually Transmitted Disease", July 1990.
- 7) NIDA, "Facts About Teenagers and Drug Abuse", Jan 1991.
- 8) Center For Population Options, "Adolescent Substance Use and Sexual Risk Taking Behavior", July 1991.
- 9) 1994 Roper Starch Survey, commissioned by the Sex Information and Education Council of the United States (SIECUS).
- 10) Statistical Notes: Reported Pregnancy and Pregnancy Rates in the District of Columbia, 1988-1992. Research and Statistics Division, Commission of Public Health; June 1994.

## Test Your Sex IQ

### Question:

Which one of these phrases does not refer to sexual intercourse?

- a. "Knocking Boots"
- b. "Givin It Up"
- c. "Laying Pipe"
- d. "Down With OPP"
- e. "My Jimmy Runs Deep"
- f. None of the above

Answer: If you guessed the answer or circled any choice but "f", then you really need to dialogue with more teens.

**CHECK YOURSELF BEFORE YOU WRECK YOURSELF !**

★★★ FACT SHEET Produced By The HELIX GROUP Inc. For the SYNERGY ADOLESCENT HEALTH PROJECT: Colevia A. Carter, Project Director, phone# (202) 541-3838  
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